PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003									(b) 0	()	.0 (1
		CLAIMS A	S FILED - PART I (Column 1) (Co			SMAL			NTITY	OR		R THAN ENTITY
TOTAL CLAIMS			1					RATE	FEE	٦ ^{``}	RATE	FEE
FOR			NUMBER FILED		NUM	BER EXTRA	B	ASIC FE		1_	BASIC FEE	
TOTAL CHARGEABLE CLAIMS							1 F		1 000.00			770.00
			\(\)				┧┟	X\$ 9=		OR	X\$18=	<u> </u>
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PI			\				{	X43=		OR	X86=	
M		NDENT CLAIM P	HESENI					+145=		OR	+290=	
*	f the difference	e in column 1 is	less than zero, enter "0" in column 2			column 2	L	TOTAL	h 05	OR	TOTAL	
CLAIMS AS AMENDED - PART II								IOIAL	127	JOH		THAN
(Column 1)			(Column 2)			(Column 3)	, 5	SMALL ENTITY			OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	- ·	=	1 -	X43=		1	X86=	
٩	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		1	A43=		OR	∧00 =	
								-145=		OR	+290=	
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	•			_		
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		(\$ 9=		OR	X\$18≈	
	Independent	*	Minus	***		=		(43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						l ├─			OR		
						٠		145=		OR	+290=	
							ADD	TOTAL IT. FEE		OR A	TOTAL DDIT. FEE	
(Column 1) (Column 2) (Column 3)												
Z		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	\$ 9=		ا ہ	X\$18=	
	Independent	*	Minus	***		=	<u> </u>			OR		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		_^	43=	· · · ·	OR	X86=	
* If	the entry in colum	nn 1 is less than the	entry in colur	nn 2 weita "a)" in ook			45=		OR	+290=	
!	the "Highest Nun the "Highest Nun	nber Previously Pain nber Previously Pain ber Previously Paid	d For IN THIS d For IN THIS	SPACE is le	ess than	20, enter "20."	ADDI	TOTAL T. FEE			TOTAL ODIT. FEE	
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